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Country programme document

Central African Republic

Summary

The country programme document (CPD) for Central African Republic (CAR) is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $26,392,000 from regular resources, subject to the availability of funds, and $94,000,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. This country programme has been developed at a time when the Central African Republic is gradually emerging from a period of institutional, social and political instability stretching back several decades. The main accomplishments of the transitional period, which began in 2013, have been the adoption of a new constitution establishing the Sixth Republic (in March 2016) and the holding of democratic, transparent presidential elections. The legislative elections in April 2016 marked further progress towards a return to constitutional order. However, armed groups continue to control the country's natural resources, threatening social cohesion and access to basic services. The situation of instability and insecurity warrants the continuing need for a United Nations peacekeeping presence.

2. The Government has published the Plan de Relèvement et de Consolidation de la Paix en Centrafrique (RCPCA, National Recovery and Peacebuilding Plan for the Central African Republic) 2017-2021, in which it sets out its priorities around three strategic pillars: (a) supporting peace, security and reconciliation; (b) renewing the social contract between the State and the population; and (c) promoting economic recovery and restoring production sectors. United Nations agencies and the United Nations Multidimensional Integrated Stabilization Mission in the Central African Republic (MINUSCA) have developed a United Nations Peacebuilding and Development Assistance Framework Plus (UNDAF+) for 2018-2021, which aligns with these national priorities.

3. The country has an estimated population of 4.9 million (2016). Of these, 2.2 million people, including 1.1 million children, require humanitarian assistance. In February 2017, the Commission on Population Movement estimated the number of internally displaced persons (IDPs) to be 426,100 and the number of refugees 464,000.

4. Disparities and inequalities between the regions that are at the root of the country's various crises could be exacerbated by limited access to humanitarian assistance. A recent World Bank survey of municipalities found that most regions in the north-east and east of the country lacked public administration and social services and, in the few cases where they existed, people had limited access to them for security reasons and poor road infrastructure.

5. In most cases, available data date back to before the latest violence erupted in 2013. The Multiple Indicator Cluster Survey (MICS) scheduled for 2017 will provide an update on the situation of children. In 2013, the under-five mortality rate stood at an estimated 139 deaths per 1,000 live births (compared with 174 per 1,000 live births in 2000). At 43 deaths per 1,000 live births, neonatal mortality accounts for a large percentage of this figure. Chronic malnutrition remained largely unchanged between 2012 and 2014, at 40.8 per cent of children aged 6-59 months (17.5 per cent of whom suffer from severe acute malnutrition (SAM)). The maternal mortality ratio stands at 880 deaths per 100,000 live births. At an estimated 4.9 per cent among 15-49-year-olds, HIV prevalence is among the highest in the West and Central Africa region, and the rate is significantly higher among adolescent girls than adolescent boys (4.2 per cent and 0.7 per cent, respectively).

6. In 2010, one in three children aged 6-11 had never been to school. Again, there were disparities between girls (33.7 per cent) and boys (26.4 per cent), as well as between rural and urban areas (37.7 per cent and 16.8 per cent, respectively). In 2016, just 2.6 per cent of children aged 3-5 had access to pre-primary education. Also in 2016, 51 per cent of girls and 58 per cent of boys were enrolled in the first year of compulsory education (which

officially begins at 6 years of age). More than half of teachers do not have official qualifications. These community teachers often instruct classes of more than 80 pupils. The primary repetition rate stands at 23 per cent. In 2016, 48 per cent of pupils successfully completed the first year of compulsory education, with disparities between girls and boys (40 per cent and 54 per cent, respectively).

7. In 2015, 68 per cent of the country's population used an improved water source and 35 per cent had access to improved sanitation facilities. These headline figures mask disparities between urban and rural areas and across the country's 17 prefectures, including Bangui. The recent crises have caused damage to water management infrastructure and systems and drinking water treatment has stopped in the capitals of 8 prefectures. As a result, just 32 per cent and 29 per cent of people living in rural and urban areas, respectively, have access to drinking water. One-third of the population (and as much as 80 per cent in some villages) practises open defecation.

8. Of the 9,449 children who were freed from armed groups from January 2014 to March 2017 (30 per cent of whom are girls), only 4,954 have benefited from reintegration programmes. Current estimates indicate that there are still 4,000 children involved with armed groups. Children are also exposed to exploitation, abuse and all forms of violence, mainly because families become separated during population movements. Data from MICS 2010 show that 29 per cent of girls aged 20-24 got married or moved in with a partner before the age of 15, and 68 per cent did so before the age of 18. There have been 9,046 recorded survivors of gender-based violence since 2014, including 1,733 women and girls who have survived sexual violence and received holistic support mainly from non-governmental organizations (NGOs), UNICEF, the United Nations Population Fund (UNFPA) and MINUSCA. Around two-fifths of births are not registered. Children, especially the most vulnerable, do not have access to appropriate justice services that meet international norms and standards.

9. Public spending on the social sectors remains extremely low, at 1.9 per cent and 1.2 per cent of gross domestic product (GDP) on health and education, respectively, in 2015. Access to social protection services is dependent on employee contributions to the social insurance scheme, thereby excluding large parts of the population, including the most vulnerable and the poor (who account for an estimated 62 per cent of the country's population).

Programme priorities and partnerships

10. The proposed programme, which is in the spirit of the draft UNICEF Strategic Plan, 2018-2021, aims to support the national priorities as set out in the RCPCA by contributing to the three priority areas of the UNDAF+ as follows: (a) Peacebuilding, security and social cohesion; (b) Social well-being and equity; and (c) Sustainable economic recovery. The programme's ultimate goal is to ensure that more children survive and develop in a healthy and protective environment by 2021.

11. The programme will be implemented via a combination of national and local interventions that take account of realities and idiosyncrasies in different areas of the country, to ensure that the programme is suited to the current circumstances and expected developments in the short and medium terms. These areas have been identified on the basis of a context-sensitive analysis of insecurity drivers, conducted by the humanitarian country team. The centre and north-centre include eight conflict-affected prefectures. In the west and south-west, which encompass five prefectures and Bangui, the security situation is

gradually improving. The three prefectures in the north-east and east are characterized by the limited presence of humanitarian actors, a long-standing lack of basic social services and poor road infrastructure. Field operations are covered by the main office in Bangui and four zonal offices (Bambari, Bossangoa, Bouar and Kaga Bandoro), which together cover the current location of 81 per cent of internal displaced persons. These offices are also expected to serve as the base of assistance to 90 per cent of the 481,000 refugees when security and humanitarian conditions to their return from neighbouring countries are secured.

12. In order to continue to take full account of the volatility of the situation, three complementary and context-specific implementation strategies will be used: First, a humanitarian response, backed by the Rapid Response Mechanism (RRM), will address urgent needs, build national capacities and gradually transfer responsibility to national stakeholders, thereby enabling them to build community resilience and kick-start the development agenda as quickly as possible, with an approach that strengthens the humanitarian/development nexus. The RRM will continue monitoring the humanitarian situation, carrying out multisectoral assessments and providing a rapid response to urgent post-shock humanitarian needs. Second, the programme will implement recovery interventions, taking advantage of the improving security environment to strengthen existing national systems in support of the Government and lay the groundwork for future development. Third, the programme will deploy community outreach interventions to reduce inequalities, alongside national interventions (immunization, and back-o-school and post-conflict programmes such as the children and adolescents component of the national disarmament, demobilization, repatriation and reintegration (DDRR) programme).

13. The programme will emphasize fostering integration, convergence, inclusion and resilience across communities, systems and key stakeholders. Joint programming with other United Nations agencies, including with the relevant sections of MINUSCA, and strengthen the application of gender and youth and conflict-sensitive approaches.

14. The programme will coordinate and combine service delivery, capacity-building and child rights advocacy strategies according to early recovery and humanitarian needs, and generate knowledge about the situation of children in the country. This will, in turn, ensure that decisions are made on the basis of compelling data.

15. Sectoral interventions with high potential for integration will be used to test converging approaches aimed at inclusive participation and community and system resilience, and to inform lessons for gradual scale-up. This, in turn, will boost community engagement and improve social accountability mechanisms, thereby encouraging government and community facilities and systems to increase the supply of high-quality basic social services and driving demand. Ensuring that local stakeholders have the capacities to plan, coordinate and monitor the interventions will be critical to sustaining the programme outcomes.

16. The programme will be implemented through five components, as follows: (a) child survival and development; (b) primary education and gender equality; (c) child protection; (d) water, sanitation and hygiene (WASH); and (e) social inclusion. These components are designed to address the many forms of deprivation that are hampering progress towards the attainment of children's rights in a coherent and interdependent manner.

17. The **child survival and development** programme is founded on a three-pronged vision of a future in which: (a) more children, especially newborns, infants and young children, reach their fifth birthday; (b) the most vulnerable, including pregnant and

breastfeeding women, and children and adolescents infected with or affected by HIV, use holistic, integrated, high-quality treatment and behaviour-change services to improve their survival; and (c) fewer children under 5 suffer from stunting and acute malnutrition. These outcomes, which will also help to strengthen the health system, will be supported by three subcomponents, as follows:

18. The **maternal, newborn and child health (MNCH)** subcomponent will support sectoral policy advice, generate high-quality supply and demand for services, and help to create an enabling environment (including addressing harmful social norms, budgeting and policy development) while continuing to respond to epidemics and deliver care in humanitarian situations. The interventions will support the development and updating of MNCH policies and strategies that incorporate HIV, coordination, and monitoring and evaluation (M&E) at all levels of the health system, in emergency and development situations, and the establishment of an effective medical commodities supply system. Health-care and community facilities will receive technical and operational capacity-building so they are better equipped to provide preventive, curative and promotional care for children, mothers and newborns. A package of high-impact interventions, including community-based treatment of childhood illnesses, will be modelled in stable areas before being rolled out gradually across the country. Health systems strengthening interventions will continue, with a particular focus on expanding immunization service-delivery capacities nationwide, including the cold chain.

19. The **HIV subcomponent** will strengthen information management policies and strategic and will leave health-care facilities and communities better equipped to provide high-quality, integrated, equitable HIV treatment services, including in emergency situations, in 12 of the 17 prefectures, including Bangui. Adolescents and young people living in stable areas will have access to integrated health promotion and preventive adolescent health services. The programme will develop standards for adolescent and youth health promotion services to ensure the delivery of high-quality HIV screening and treatment.

20. The **nutrition subcomponent** will support the implementation of high-impact child nutrition interventions, by developing a set of standards and preventive and curative interventions for acute malnutrition and stunting, with a particular emphasis on early childhood care in the community. In areas where the security situation remains challenging, the programme will strengthen the surveillance and appropriate treatment system for children suffering from SAM. Capacity-building will better equip health workers and community outreach workers to provide integrated treatment, prevention and nutritional promotion services. The programme will help to ensure that nutritional supplies are readily available.

21. The **primary education and gender equality programme** will support the provision of high-quality, inclusive education and will work to keep children of pre-primary and primary age, as well as adolescents excluded from the education system, in school. It will help to enrol more girls and excluded children in school by developing alternative models (such as vocational training, accelerated learning, etc.) tailored to their educational needs and getting communities more involved in promoting gender equality. The programme will seek to keep more boys and girls in school and will work to improve learning outcomes. It will do so by helping young children to prepare for school, implementing a conflict- and gender-sensitive curriculum, and strengthening child protection practices in schools. The programme will focus in particular on addressing gender-based violence in school settings, as well as establishing gender-sensitive sanitation standards and facilities and a menstrual

hygiene management framework. The ongoing priorities will include monitoring girls' attendance and performance at school, and recruiting, training and incentivizing teachers and community teachers and monitoring their performance. The programme will also strengthen education in emergency preparedness and response capacities, particularly at IDP sites and in areas where movement is restricted due to insecurity.

22. The **child protection programme** will focus on strengthening the sustainable demobilization and reintegration of children associated with armed groups in the context of the national DDRR programme, providing holistic care for survivors of sexual violence, and tackling other forms of violence such as child marriage. In stable areas, the programme will gradually deploy a package of recovery interventions, covering legal, civil registration, and social and community services. Village chiefs and community leaders will be given a prominent role, helping to support family efforts to prevent and address violence against children, including in emergency situations. A community-led approach will be modelled in those areas where official services are unavailable. The pilot scheme will be costed, evaluated and scaled up. Sectoral policies and strategies will be reviewed ... apacity will be developed along with tailored advocacy efforts to increase their implementation and strengthen coordination among stakeholders.

23. The **water, sanitation and hygiene programme** has identified five priority areas that apply nationwide, and that include family, community, school and health-care facility interventions that focus on: (a) hygiene knowledge and good practices; (b) safe, sustainable and equitable sanitation services; (c) safe, sustainable and equitable water services; (d) access to WASH services in humanitarian situations; and (e) sector coordination and monitoring. Particular attention will be given to the poorest and most vulnerable children and adolescents and their communities, especially those living in the areas that are the most difficult to reach and/or affected by humanitarian crises, including epidemics and waterborne diseases.

24. The **social inclusion programme** will aim at producing a steady stream of credible data to inform evidence-based public policymaking, implementation and M&E. UNICEF will support the generation of evidence on child deprivation through administrative data, budget analysis and surveys in the framework of the performance-based financing mechanism that will govern the collaboration with the National Institute of Statistics. The programme will use survey data such as MICS to carry out specific research using the Multiple Overlapping Deprivation Analysis approach to reach the most vulnerable groups, including in humanitarian situations. In partnership with the World Bank and the International Labour Organization (ILO), the programme will support the ongoing development of the social protection agenda through: (a) provision of technical support for the development of a national social protection policy; (b) design and implementation of social protection pilot projects based on available analytical work; (c) implementation of targeted and successful emergency social protection programmes for IDPs and host communities, and their mainstreaming into the national social protection system; (c) building institutional capacity in the social protection sector through continuous training and knowledge-sharing activities, such as community of practice, for both public and non-governmental stakeholders. Vulnerability criteria drawn from the World Bank National Survey on Municipal Monographs 2016 will be used to select communities in which decentralized monitoring can be tested. They will also be used more broadly to support equity-based programming by UNICEF.

25. The **programme effectiveness component** will ensure that the programme is well designed, coordinated and managed, both at the central and zonal offices levels, such that it

meets required quality standards and achieves the expected outcomes for children. Supporting operations in the field, in collaboration with other United Nations agencies and MINUSCA, will remain critical to programme effectiveness. External communication will ensure that more information about disadvantaged children is shared, and will better equip civil society, media outlets, women, children and adolescents to advocate for child-friendly policies. This component will include cross-cutting themes such as gender and adolescent participation in promoting innovation, to ensure that these issues are better integrated into the entire programme. Communication for development (C4D) will be used in support of UNICEF development and humanitarian interventions, with a particular emphasis on promoting social cohesion and peace, without which it will be very challenging to implement and sustain all the programme components. Mobilizing community networks, engaging civil society, building the capacities of government stakeholders and forging a closer partnership with the media will help to foster social dialogue and behaviour change towards child-friendly practices.

Partnerships

26. UNICEF will continue to strengthen the government's leadership of the programme, with ministerial departments coordinating the technical aspects of the various components under the auspices of a multisectoral steering committee. Given the humanitarian situation, many basic social services are still backed or run by NGOs. This makes it particularly important to build active partnerships with these organizations, while establishing institutional accountability systems to support the transfer of skills and expertise to national entities. UNICEF will broaden its strategic partnerships to encompass the local private sector, and will encourage private firms to play a role in delivering basic social services to the most vulnerable people in line with their corporate social responsibility. The organization will work with the World Bank, the African Development Bank, the European Union and the United Nations (including MINUSCA) to support political and sectoral reform, to implement the DDRR programme and to review social expenditures. UNICEF will also continue to work with global programmes such as the Global Partnership for Education, GAVI - the Vaccine Alliance, the Global Fund to Fight AIDS, Tuberculosis and Malaria and the Scaling Up Nutrition movement to leverage resources and services for children. At the operational level, the programme will build closer ties with civil society and the media on children's rights. It will also forge new partnerships with faith-based organizations that provide basic social services in the most disadvantaged communities, thereby strengthening social cohesion. While activating operational mechanisms at the decentralized level, the programme will also forge ties with local entities such as the communes, which will be called to play a greater role in operationalizing the RCPCA at the local level.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources**	*Total*
Child survival and development	5 790	23 500	29 290
Primary education and gender equality	2 888	33 840	36 728
Child protection	2 735	7 520	10 255

Water, hygiene and sanitation	2 357	15 980	18 337
Social inclusion	2 977	6 580	9 557
Programme effectiveness	9 645	6 580	16 225
Total	**26 392**	**94 000**	**120 392**

* "Other resources" refers exclusively to non-emergency OR. Other resources (emergency) funds are expected during the course of the country programme.

Programme and risk management

27. Given that the country is yet to fully emerge from its crisis, security risks could continue to jeopardize effective programme implementation by limiting access and hampering intervention monitoring. The programme will therefore be adjusted to account for the volatile situation and developments on the ground. The RRM will continue to be a main mode of delivery and monitoring of humanitarian assistance in the medium term, along with third-party monitoring through local partners. Where necessary, the programme will continue to rely on security escorts to provide humanitarian access and will forge local partnerships to secure humanitarian access and rapid response. Risk assessment and management exercises will form part of ongoing programme monitoring.

28. Programme funding trends show a strong correlation between donor interest and the crisis situation in the Central African Republic, and this interest could wane as the country transitions towards recovery. The programme has therefore produced realistic forecasts to take account of this possibility, and aims to leverage additional funding from domestic resources once the economic situation improves. UNICEF will also need to help establish a system to generate and share evidence about children's situation, in order to keep them at the top of the national agenda. In the framework of the UNDAF+, UNICEF will develop a resource mobilisation strategy based on a comprehensive analysis of the partnership landscape. The documentation of the outcomes of key interventions will inform the production of fundraising material that strengthens the organizational accountability and builds trust and credibility with partners.

29. This CPD outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. UNICEF, as part of the UNDAF programmes, operations and M&E teams, will make a significant contribution to coordinating and harmonizing joint United Nations interventions and programmes in the Central African Republic.

Monitoring and evaluation

30. Implementation of UNDAF+ will build on existing mechanisms, including a coordination group for United Nations-supported programmes (the Programme Management Team) and a technical M&E group (Inter-Agency M&E Working Group).

31. The Government has a general secretariat tasked with public policy evaluation. UNICEF and its partners will strengthen the capacities of this unit so that it is better equipped to promote a results-oriented culture across government departments. The national statistics development strategy – which governs all data collection, production and

dissemination activities – will also be put into operation. The sixth round of MICS (MICS 6) to be completed in 2017 will inform the baseline of the current programme result and the Sustainable Development Goals. The secondary analysis of the MICS results will be used to carry out research into multidimensional poverty, so as to target the most vulnerable areas – one of the cornerstones of dialogue around social protection interventions.

32. The World Bank and the Institut Centrafricain des Statistiques, des Etudes Economiques et Sociales (ICASEES, Central African Institute of Statistics and Economic and Social Studies) have recently introduced municipal monography surveys, which involve using sectoral indicators and a composite local development indicator to assess basic social services. This method will help to put the RCPCA into operation. UNICEF will forge a strategic partnership with the World Bank to revise the tools used to collect data about specific problems facing children. The data will be analysed and the results used to initiate local dialogue about the obstacles and barriers hampering access to basic social services and the steps needed to remove them.

33. The multisectoral steering committee will coordinate mid-year and annual statutory reviews to monitor the programme. Selected baseline studies will be conducted at the beginning of the programme cycle in order to guide the integrated community-based programme and its outcomes will be evaluated during the programme cycle. Most of the programme components will be evaluated during the cycle, including the emergency response. More specifically, thematic reviews will be done of the following: the integrated approach to child health and nutrition; the Community-Led Total Sanitation approach; the future impact of money transfers; and the RRM. The knowledge produced will be used to inform subsequent programming. A gender review was carried out during development of the current programme. This exercise will be repeated at the midterm point in order to measure progress and make adjustments on gender matters.

Annex

Results and resources framework

Central African Republic – UNICEF country programme of cooperation, 2018-2021

Convention on the Rights of the Child: 4, 6-10, 12-13, 16-29, 31-32, 35-37, 39-40
Sustainable Development Goals: 1-7, 9-10, 15-17

National priorities: RCPCA: Pillar 1: Promote peace, security and reconciliation; Pillar 2: Renew the social contract between the State and the population and cross-cutting themes: regional equalities; gender equality; transparency and accountability; environmental sustainability; and youth capacity-building and inclusion.

UNDAF outcomes involving UNICEF:
Strategic outcome 1: (a) Peacebuilding, security and social cohesion; and (b) Social well-being and equity

Outcome indicators measuring change that includes UNICEF contribution
1.1.2. Percentage of the population, by region, that think ethnic/religious tensions have been improved;
2.1.1. Satisfaction rate among the Central African Republic population with regards to the provision of basic services;
2.2.2. Prevalence rate of severe and moderate food insecurity among households (disaggregated by sex).

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

UNICEF outcomes	*Key progress indicators, baselines*[2] *(B) and targets*[3] *(T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Child survival and development							
At least 80 per cent of pregnant and breastfeeding women, girls and boys under 5 (including newborns), and	Percentage of pregnant women having attended at least four antenatal consultations (Total (15 - 49 years); Urban/Rural; 10-19	MICS 7	• 80 per cent of households in the target areas have the knowledge, skills and motivation they need to adopt favourable behaviour and	Ministry of Health; World Health Organization (WHO); UNFPA; European Union;	2 026	11 750	13 776

[1] The final version will be presented to the UNICEF Executive Board for approval at its second regular session of 2017.
[2] Baseline years not provided; data should all refer to the year 2016.
[3] Where the target date is not specified, the year should be considered the end of the cycle i.e. 2021.

UNICEF outcomes	Key progress indicators, baselines[2] (B) and targets[3] (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
adolescents (boys and girls) aged 10-19 (especially those living in disadvantaged areas) use high-quality curative, promotional and preventive care services.	years) B: Total (15-49 years): 76% T: Total (15-49 years): 80%		essential family practices that promote the health of pregnant and breastfeeding women, newborns, children and adolescents, and demand more maternal, newborn, child and adolescent health services. • 80 per cent of functioning health-care facilities in the target areas are technically equipped to provide high-impact immunization and maternal, newborn, child and adolescent health interventions, including in emergency situations.	NGOs; communities			
	Deliveries attended by qualified health personnel (Total (15-49 years) ; Urban/Rural; 10-19 years) B: 38% T: 80%	MICS 7					
	Measles vaccine coverage among newborns aged 0-11 months (Total; Urban/Rural) B: Total: 49% T: Total: 80% B: Not available for other sub-groups	MICS 7					
At least 70 per cent of pregnant and breastfeeding women, children and adolescents (girls and boys) infected with or affected by HIV, especially the most vulnerable, use high-quality prevention, promotion and treatment services	Percentage of HIV-positive women tested and placed on antiretroviral therapy (ART) (Total; Urban/Rural; 15-49 years/15-19 years) B (2015): 64% T: 70% B: Not available for other sub-groups	Health Information System Report	• Health-care facilities and communities offer high-quality, integrated HIV treatment services for children and adolescents, and prevention of mother-to-child transmission services, including in emergency situations. • Adolescents and young people have access to integrated adolescent health prevention and treatment services.	Ministry of Health; Joint United Nations Programme on HIV/AIDS; WHO; UNFPA	2 895	3 525	6 420
	Percentage of HIV-positive children and adolescents on ART who survive after 12 months of treatment B: Total: N/A T: Total: 70%	Health Information System Report					
At least 60 per cent of adolescent girls, pregnant and breastfeeding women, and children under 5 use high-impact nutrition services and services to	Percentage of children aged 6-59 months suffering from SAM B (2014): 1.9% T: <2% in at least 12 out of the 16 districts	MICS 7	• At least 60 per cent of community facilities in the target areas offer an integrated package of community health and nutrition services.	Ministry of Health; WHO; World Food Programme	869	8 225	9 094

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
encourage good nutrition behaviour.	Percentage of children aged 0-5 months who are exclusively breastfed B (2014): 28.8% T: 50%	MICS 7	• At least 80 per cent of health-care facilities in the target areas are equipped to offer an integrated package of high-impact nutrition interventions to pregnant women and children under 5, including in emergency situations.				
	Optimum feeding rate among children aged 6-59 months B (2014): 44.2% T: 50%	MICS 7					
Primary education and gender equality							
Children of pre-primary and primary age (girls and boys), and especially those living in the most disadvantaged areas, complete the relevant cycle for their age.	Gross pre-primary enrolment ratio (Total; Urban/Rural; Girls/Boys) B: Total: 2.57% Girls/Boys: 2.61%/2.53% T: Total: 6% Girls/Boys: 6%/6%	Statistical Yearbook 2020-2021	• Children of pre-primary and primary age who are excluded from the education system access high-quality, inclusive educational provision in selected areas. • Children deprived of their right to education in emergency situations have access to age-appropriate alternative educational provision.	Ministry of National Education and Scientific Research; Agence Française de Developpement (AFD)- French Development Agency; European Union; NGOs (national and international); Global Partnership for Education	2 888	33 840	36 728
	Net enrolment ratio for the first year of compulsory education (Total; Urban/Rural; Girls/Boys) B: Total: 55% Girls/Boys: 51%/68% T: Total: 85% Girls/Boys: 85%/85%	Statistical Yearbook 2020-2021					
	Completion rate (Total; Urban/Rural; Girls/Boys) B: Total: 48% Girls/Boys: 40%/54% T: Total: 60% Girls/Boys: 60%/60%	Statistical Yearbook 2020-2021					
	Percentage of children with abilities in French (reading, writing) and Maths (arithmetic) (Total; Urban/Rural; Girls/Boys)	Conference of National Education Ministers – education system analysis programme					

UNICEF outcomes	Key progress indicators, baselines[2] (B) and targets[3] (T)	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)		
					RR	OR	Total
	B (2006): Total (French): 24% Total (Maths): 28% T: Total (French): 40% Total (Maths): 45%						
Child protection							
Girls and boys, especially those living in the most disadvantaged areas and from poor families, have equitable access to justice, social affairs and civil registration services and live in an environment that protects them from all forms of violence, exploitation, abuse and harmful practices.	A functioning national coordination framework and monitoring mechanisms (Yes/No) B (2015): No T: Yes	Child protection workers' activity report	• Child protection workers at all levels are equipped to prevent and address the needs of girls and boys affected by/at risk of violence in humanitarian and transitional situations. • Civil registration services are in place, accessible and capable of registering newborns within or outside the required time frames.	Ministry of Social Affairs; Ministry of Justice, and Communes; United Nations agencies; MINUSCA; NGOs (national and international)	2 735	7 520	10 255
	Percentage of child survivors of gender-based/sexual violence benefiting from at least two components of the minimum package of holistic care services B: 0% have access to two component T: 80% have access to two components	Report from implementing partners and the gender-based violence sub-cluster					
	Percentage of births registered before the child's fifth birthday B (2015): 61% T: 70 per cent	MICS 7					
	Percentage of child victims of violence benefiting from justice services. B (2015): 12% T: 50%	Ministry of Justice report					
	The revised national child protection policy is implemented B (2015): Draft available	Ministry of Justice report					

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	T (2018): National policy finalized and costed, and annual workplan in place and implemented						
WASH							
People living in disadvantaged areas, especially women and children and people affected by emergencies, use safe, affordable sanitation facilities and adopt good hygiene practices.	Percentage of the population using safely managed drinking water supply services B (2017): 0 T: 25	Water Directorate report	• Children and families in the areas covered by the programme, especially girls, women and vulnerable people, are informed and educated about hygiene. • Children, families, communities and institutions (schools and health-care facilities) in the areas covered by the programme have increased access, functioning and accessible sanitation and drinking water facilities.	Ministry of Energy and Hydraulic; Ministry of Education; Ministry of Health; water companies; Water Directorate; African Development Bank; World Bank	2 357	15 980	18 337
	Percentage of households no longer practising open defecation B (2015): 29% T: 80%	Open Defecation Free (ODF) assessment					
	Percentage of the population using safely managed sanitation services, including facilities for hand-washing with soap and water B: 24% T: 50%	Knowledge Attitudes and Practices (KAP) survey					
Social inclusion							
Children's rights are better documented, and the Government uses these records to inform, cost and implement inclusive social policies.	Number of children (girls/boys) covered by social protection programmes B: N/A T: 250,000	Reports from the Ministry of Social Affairs	• Central entities are better equipped to produce, analyse, disseminate and use compelling data appropriately, to inform, implement, monitor and evaluate inclusive social policies. • The most vulnerable children, women, adolescents and young people have access to coherent social protection services.	World Bank; United Nations Development Programme; ILO; ICASEES; Ministry of Finance and Budget	2 977	6 580	9 557
	Public spending on social protection for children B : N/A T: 3%	State budget					
	Public spending on education	State budget					

UNICEF outcomes	*Key progress indicators, baselines[2] (B) and targets[3] (T)*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	and health (per cent of GDP) B (2015): 1.2% (education) and 1.9% (health) T: 2.5% (education) and 2% (health)						
Programme effectiveness and efficiency							
The programme is designed, coordinated and managed, both at the central level and in local offices, to meet the required quality standards and attain the expected outcomes for children.	Office year-end performance index B: 0.71 T: 1	Scorecard	• UNICEF staff and partners are equipped with the tools, advice and resources they need to design, plan, manage and monitor programmes effectively. • Communities adopt the priority child survival, protection, learning and development behaviours, use basic social services, and promote tolerance between communities and social change in an equitable manner. • People affected by humanitarian crises have access to multisectoral assistance in line with standards.	Government; civil society; multilateral and bilateral partners; media outlets; civil society organizations; UNICEF National Committees	9 645	6 580	16 225
	Percentage of people who believe that tolerance, respect, and interfaith and inter-community dialogue are essential to the country's recovery B (2017): TBD T: 80%	KAP surveys					
	Number of people affected by humanitarian crises benefiting from appropriate multisectoral assistance B: 538,864 T: 2,156,000	Situation Report					
Total resources					**26 392**	**94 000**	**120 392**

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United Nations Children's Fund
Executive Board
Second regular session 2017
12-15 September 2017
Item 8 (a) of the provisional agenda*

Country programme document

Gabon

Summary

The country programme document (CPD) for Gabon is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $4,270,000 from regular resources, subject to the availability of funds, and $6,100,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2018 to 2022.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2017.

* E/ICEF/2017/14.

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Programme rationale

1. Gabon is an upper-middle-income country with abundant natural resources situated in central Africa. The country's economy has grown rapidly in the last decade, fuelled chiefly by the production of oil (which accounts for 80 per cent of exports, 45 per cent of gross domestic product (GDP) and 60 per cent of fiscal revenues)[1] and manganese. There is a significant discrepancy between the country's performance in terms of human development (it had a Human Development Index score of 0.697 in 2017, placing it 109th out of 188 countries)[2] and its economic potential (it is ranked 61st in terms of per capita income).

2. The 2018-2022 country programme is aligned with the Emerging Gabon Strategic Plan *(Plan Stratégique Gabon Émergent* (PSGE)) 2016-2021 and the Government's equal opportunities policy. Economic growth has slowed considerably, from 6.3 per cent in 2010 to 2.9 per cent in 2016, in light of falling oil revenues. The macroeconomic outlook suggests that Gabon may require assistance from the International Monetary Fund as the Government looks to rein in public expenditure, especially on social services and public infrastructures. The country's debt burden continues to rise (31 per cent of GDP in 2016), and poses greater challenges on investing for present and future generations.

3. Gabon has an estimated population of 1.8 million (2016) living within a surface area of 268,000 square kilometres, with forests covering 85 per cent of its territory. It has a particularly young population, with approximately 4 in 10 (43 per cent) Gabonese citizens under the age of 18 years and children under age 5 years accounting for 14 per cent of the population.

4. Immigration (mostly from South to South) has impacted the sex ratio, which stands at 48.4 per cent female to 51.6 per cent male. Migrants and their children make up approximately one fifth of the population. Migrants have no access to health insurance and other social safety nets provided by the Government. Gabon has yet to ratify several migrant rights instruments, including the International Convention on the Protection of the Rights of All Migrant Workers and Members of Their Families, and the Protocol against the Smuggling of Migrants by Land, Sea and Air.

5. Gabon has one of the highest urbanization rates in Africa, with close to 9 in 10 (87 per cent) of its citizens now living in urban areas (16 per cent in 1960). This trend poses a number of challenges, including rising urban poverty, limited access to basic social facilities and services in suburban areas, and growing intra-urban inequalities. One of the lessons learned from the previous cycle is the need to consider poor and disadvantaged urban areas in strategic decision-making, modelling interventions and implementing with innovation for the most deprived populations. However, data on this issue remain sparse.

6. The country's multi-ethnic population includes indigenous peoples whose way of life is closely intertwined with the forest. Despite its small size,[3] this remains one of the most disadvantaged population groups in terms of income and access to basic social facilities and services (including civil registration, which is vital for access to existing social protection services). A 2011 World Bank study[4] found that 70 per cent of indigenous people live in poverty – twice the level among the rest of the population (33 per cent) – and that

[1] World Bank, Gabon Economic Update: *Protecting the Poor Despite Slower Growth*, December 2015.
[2] United Nations Development Programme, Human Development Report 2016.
[3] Between 7,000 and 20,000 according to the International Work Group for Indigenous Affairs, *The Indigenous World 2014, pp. 448-452.*
[4] World Bank, Gabon Country Brief No 5. Indigenous People, March 2011: Census-based profile of the Pygmies in Gabon.

indigenous children are 18 times less likely to enrol in secondary education than children from other groups (4.4 per cent vs. 80 per cent).

7. A 2013 report[5] on poverty suggests that around 30 per cent of the population is vulnerable and that the social situation has deteriorated in terms of access to basic social services (health, drinking water and electricity) in 60 per cent of provinces. Although 93 per cent of households have access to an improved water source, just 42 per cent have access to an improved sanitation facility. The coverage of water and sanitation facilities in health facilities and schools remains weak and is far from meeting adequate standards. The 2016 Service Availability and Readiness Assessment survey *(Évaluation de la disponibilité et de l'état de préparation des services)* found that only 54 per cent of health centres have an improved water source and only 71 per cent have sanitation facilities. The limited coverage of water and sanitation in institutions is driven by poor prioritization of these services in policies and budgets, and by a lack of maintenance skills and resources.

8. The 2014 Multiple Overlapping Deprivation Analysis for Children[6] shows that an estimated 80 per cent of children experience at least one form of deprivation across the areas of health, education, drinking water and sanitation, food, housing and protection. Health, sanitation and nutrition are the most common sources of deprivation, fuelled chiefly by inadequate service provision and cultural barriers. Other drivers of inequity and deprivation include the high cost of living in Gabon (as evidenced by a government programme to address this problem (*Programme de Lutte Contre la Vie Chère*) and the fact that one quarter of the population is unemployed.

9. In 2015, the estimated nationwide under-five mortality rate stood at 51 per 1,000 live births, with a higher rate among boys than girls (55 and 46 per 1,000 live births respectively). Neonatal mortality accounts for 46 per cent of deaths of children under 5 years of age, with malaria and diarrhoea the leading causes of disease and death among the same age group.

10. Progress towards full immunization coverage remains inadequate, despite an increase from 17 per cent in 2000 to 32 per cent in 2012 according to the Gabon Demographic and Health Survey (DHS). Moreover, recent data show a downward trend in immunization in the last five years, with measles vaccination coverage dipping from 74 per cent in 2012 to 68 per cent in 2016. The main barriers to immunization are as follows: (a) only a small number of health centres offer routine immunization services; (b) frequent stock-outs of vaccines; (c) a dysfunctional routine immunization system; and (d) not enough is done to communicate about immunization and keep the community engaged beyond outreach campaigns.

11. In nutrition, Gabon attained Millennium Development Goal 1 (eradicate extreme poverty and hunger). Despite relatively low stunting and wasting rates (18 per cent and 3 per cent respectively), the country is still beset by a range of problems. The exclusive breastfeeding rate for children under age 6 six months (6 per cent) is among the lowest in the world, compared with an average of 40 per cent across sub-Saharan Africa. Gabon also has a high childhood obesity rate (8 per cent), which is double the average in sub-Saharan Africa (4 per cent). This poor performance is the result of several factors: (a) a shortage of curative and preventive nutrition services; (b) vitamin A is not included in routine activities; and (c) lack of national guidelines, even though Gabon joined the Scaling Up Nutrition Movement in 2017.

[5] McKinsey, *Étude sur l'état de la pauvreté au Gabon*, 2013.
[6] www.unicef-irc.org/MODA.

12. Efforts to strengthen child protection systems are beset by a series of challenges, including weaknesses in the normative framework, poor resource allocation and the absence of coordination between sectors. Access to protection services is hampered by prevailing social norms and insufficient capacities in technical departments (central and decentralized government bodies, civil registration, law enforcement and justice). Migrant children remain highly susceptible to cross-border trafficking and smuggling by criminal networks. Between 2004 and 2016,[7] government services in collaboration with UNICEF have rescued around 850 children from exploitation, trafficking and smuggling. However, the full magnitude of unaccompanied children and adolescents at risk and/or victims of trafficking and smuggling remain largely unknown in the absence of comprehensive data and information. The situation continues to worsen because laws against child trafficking and exploitation are not fully and efficiently enforced.[8]

13. Adolescents account for 21 per cent of the country's population. Primary school enrolment is high, with a gross enrolment ratio of 140 per cent for girls and 144 per cent for boys. At 36 per cent, the repetition rate at primary level is among the highest in the world, and the resulting dropout rate explains why the secondary enrolment rate is just 57 per cent for girls and 48 per cent of boys. Moreover, teenage pregnancy and motherhood rates are particularly high; the adolescent birth rate is estimated at 115 live births per 1,000 girls aged 15-19 years for the period 2009-2014; nearly 3 births in 10 are to adolescent girls. The HIV prevalence rate among adolescent girls stands at 1.3 per cent, twice as high as among teenage boys. Similarly, numerous cases of sexual violence are recorded in school settings. A 2015 United Nations Population Fund (UNFPA) study found that in the age group 15-19 years, girls were disproportionately more likely to be victims of sexual and physical violence than boys (10 per cent and 4 per cent respectively).

14. In the last eight years, the Government of Gabon has made a sustained effort to expand health insurance and other social protection services. As a result, more than half of the population is now covered, including people with low incomes. Partners, including UNICEF, which has a comparative advantage on this front, have also made significant efforts to strengthen the normative framework and ensure that recipients are selected on a fairer basis. The social protection system nevertheless remains beset by a number of bottlenecks, including: (a) the absence of up-to-date statistics and weaknesses in the monitoring system in general; (b) an ineffective beneficiary targeting system; (c) poor coordination between stakeholders; and (d) a shortage of funds.

15. One of the lessons learned from the past country programme is a need to strengthen accountability at community level for greater investments in basic social services, and foster effective support to the Government, under the "Delivering as one" framework, in order to influence policy and domestic resource utilization in favour of equitable progress. Moreover, the country is finding it hard to mobilize external additional resources. This implies that a change in approach is needed, in order to: (a) generate compelling evidence to support strategic advocacy and policy dialogue; (b) develop low-cost, high-impact models to drive more efficient domestic resource utilization; (c) enhance the normative framework; (d) strengthen national systems and capacities; (e) leverage domestic resources and private partnerships; (f) accelerate South-South cooperation (particularly in an effort to

[7] Shelter for Socially Vulnerable Children (*Centre d'Accueil pour Enfants en Difficulté Sociale* (CAPEDS)), 2016, CAPEDS administrative data, Ministère du Développement Social et Familial, de la Prévoyance Sociale et de la Solidarité Nationale, Libreville..

[8] Ngozi Ezeilo, J., United Nations Special Rapporteur on Human Trafficking, End of mission statement, United Nations Human Rights Council, Geneva, June 2013.

deliver sustainable solutions for international migration and child trafficking); and (g) strengthen capacity for humanitarian actions and resilience in the wider context of the epidemic diseases affecting the sub-region.

Programme priorities and partnerships

16. The 2018-2022 country programme is aligned with the PSGE 2016-2021, the Government programme for equal opportunity, the Government's 10-year plan for gender equality and gender equality policy, the Sustainable Development Goals and the African Union Agenda 2063, and is in the spirit of the draft UNICEF Strategic Plan 2018-2021. UNICEF will support the Government to accelerate the pace of progress on children's rights, especially for disadvantaged indigenous children, child migrants and children living in rural and poor urban settings.

17. The country programme will also contribute to effectively addressing the final observations of the Committee on the Rights of the Child on Gabon's second periodic report (2016), and in particular the observations concerning migrant rights, the rights of adolescent girls and boys to participation, and a more inclusive social protection system. It will significantly contribute to two outcomes of the United Nations Development Assistance Framework (UNDAF) for 2018-2022: (a) strengthening the good governance and the statistical system; and (b) inclusive human development through access to and utilization of basic social services including health and nutrition, HIV and AIDS prevention and treatment services, education, water, sanitation and hygiene (WASH) and social protection for all.

18. In the context of an upper middle-income country, the programme will have a national scope for all legislative and policy support to the Government, and a limited geographical focus on a smaller number of health districts (8 of 52) with a higher vulnerability profile for modelling cross-sectoral interventions in health, HIV and AIDS, protection and sanitation. At the national level, UNICEF will seek to build on lessons learned and its comparative advantages by: (a) influencing priorities and budgets through continuous support to child-sensitive and equitable sector-specific policies and budgets; (b) strengthening coordination mechanisms for policy implementation and law enforcement; (c) promoting standards for quality services; (d) boosting social accountability by fostering alliances between communities and institutions; (e) strengthening capacities and systems in order to deliver high-quality services to the most vulnerable people; and (f) generating better evidence on the situation of children and on what works. Advocacy efforts at all levels, as well as policy support and investment cases to inform budget allocation, will incorporate the rights and needs of the most disadvantaged groups, including indigenous peoples, migrants and their children, and people living with disabilities. In each programme component, particular emphasis will be placed on promoting innovation and strengthening systems for the production, analysis, dissemination and utilization of high-quality data. Although Gabon has experienced few natural disasters, efforts will be made to build capacities for humanitarian situation preparedness and response, and resilience programming through a strategic partnership with the Gabonese Red Cross.

19. At the implementation level, the country programme will harness strategic alliances for modelling programmatic and technological innovations, and propose high-impact intervention approaches to inform sector-specific policies and drive more effective domestic resource allocation in favour of the most vulnerable people (including those living in disadvantaged urban areas). The programme will also engage in behaviour change

communication and seek to strengthen community accountability on social matters in order to support these operational-level interventions.

20. On gender equality, the programme will support gender-sensitive adolescent health priorities in an effort to decrease teenage pregnancy, limit the impact of HIV on women, reduce school-based violence and increase the lower secondary completion rate for girls.

21. The programme will be implemented through five components, each with a specific outcome: (a) child survival and development; (b) child protection; (c) adolescents; (d) social inclusion; and (e) programme effectiveness.

Child survival and development

22. This programme component includes the following sub-components: maternal and child health (MCH); nutrition; prevention of mother-to-child transmission of HIV; and WASH. In partnership with the Government, the United Nations system and other partners, the child survival and development programme component will contribute to the UNDAF outcome on inclusive human development and to attainment of the national priority on improving population health and well-being (including for the most disadvantaged people) as enshrined in the National Health Development Plan *(Plan National de Développement Sanitaire (PNDS))* 2017-2021.

23. UNICEF will seek to achieve these aims by: (a) supporting the development or revision of sector-specific policies on health, HIV/AIDS, nutrition and WASH in an effort to improve the normative framework; (b) strengthening the coordination mechanisms and the health information system, including the DHS, to produce stronger national health statistics; (c) helping to decentralize the national health strategy (improving administrative and service delivery effectiveness) through applying an equity-based programming approach[9] in eight health districts, some from poor urban settings; (d) carrying out sustained advocacy and forging public-private alliances in an effort to bring water and sanitation facilities to more health centres and schools; (e) promoting community health, infant and young child nutrition and hygiene; (f) supporting in-situ training for health professionals; and (g) helping to improve the vaccine and antiretroviral treatment (ART) supply and logistics management information system. Finally, the programme will seek to strengthen emergency preparedness and response capacities, taking into account the frequent epidemics affecting the subregion.

24. In Gabon, the community health system is weak and only 5 per cent of total public health expenditure is devoted to preventive care. Against this backdrop, UNICEF will focus its efforts on working with other partners to ensure that more domestic resources are allocated to preventive community health care systems, and on promotion of health interventions with better outcomes for the most disadvantaged people. The programme will combine policy-level support with high-impact implementation models in disadvantaged areas. This will help to track the impact and support fine-tuning of policies.

25. UNICEF will reinforce partnerships with the World Health Organization (WHO), UNFPA and the Food and Agriculture Organization of the United Nations (FAO) and will work with UNDAF outcome groups, civil society (including the Gabonese Red Cross) and subregional organizations such as the Economic Community of Central African States (ECCAS).

[9] Monitoring Results for Equity (MoRES) approach.

Child protection

26. The child protection programme is aligned to the Child Code (*Code de l'Enfant*) and the response to the observations made by the Committee on the Rights of the Child in 2016 (including continuing harmonization work and strengthening the protection system). UNICEF, through policy advice, advocacy, evidence generation and technical and financial assistance, will help to strengthen the protection system, with a particular emphasis on: (a) improving the normative framework and strengthening intrasectoral coordination; (b) strengthening institutional capacities and stakeholder competencies (law enforcement officers, judges, social workers, families); (c) developing and implementing standards for high-quality services to address violence, abuse, exploitation and harmful practices; and (d) promoting child-friendly social norms in families, communities and institutions in order to better prevent abuse, exploitation, violence and discrimination. The programme's success will depend on adequate investment, at the central level, in government departments, local authorities, supervisory institutions and Parliament to ensure that all stakeholders across the protection chain take ownership of, internalize and apply laws, norms and standards.

27. In Gabon, certain population groups, including migrant workers and their children, indigenous peoples, persons living with disabilities and adolescent girls subjected to sexual and physical violence, suffer from discrimination and exclusion. The programme will therefore prioritize interventions that focus on policy, legal and institutional measures to better protect them, and ensure that they have increased and more equitable access to basic social services and social protection. Finally, the programme will place particular emphasis on mobilizing and building the capacities of adolescent boys and girls to help them to become agents/drivers of change in child protection.

28. The programme will work closely with various government entities including the ministries in charge of social development, justice, interior, labour, education and health, as well as civil society organizations (CSOs), the International Organization for Migration (IOM) and ECCAS.

Adolescents

29. The adolescents programme will work with UNFPA and education partners to revitalize gender-sensitive sexual and reproductive health (SRH) for adolescents, in an effort to reduce teenage pregnancy, limit the impact of HIV on women, reduce school-based violence, reduce the dropout rate and increase the lower secondary completion rate among girls. UNICEF will focus its efforts on: (a) preventing HIV/AIDS among adolescent boys and girls; (b) preventing school drop-outs; (c) promoting secondary school enrolment among adolescents; (d) reducing teenage pregnancy; (e) preventing and responding to sexual violence; and (f) building the capacities of adolescents so they are better able to participate in policy development and decisions affecting their lives at community level. Prevention efforts will specifically target vulnerabilities affecting adolescent girls, and will seek to empower them by harnessing gender-based social norms that promote gender equality and enhance girls' rights.

30. The programme will build on existing initiatives from the previous cycle, including support to scale up and sustain the school health clubs initiative.

31. The programme will work with the other components to revise and develop adolescent capacities in health, education and protection, in partnership with the Government and civil society. It will also give adolescents an opportunity to make their

views heard in policymaking debates through advocacy and innovative technologies (including the U-Report platform).

32. The programme's main partners will be the ministries in charge of health and education, UNFPA, WHO, United Nations Education, Science and Culture Organization (UNESCO), the United Nations Entity for Gender Equality and the Empowerment of Women (UN- Women), ECCAS and CSOs.

Social inclusion

33. The main aim of this component is to support the Government to implement the Social Protection Code (*Code de Protection Sociale*) and to improve the effectiveness and efficiency of the state budget, particularly in social sectors. On the strength of its comparative advantage, UNICEF has been designated as the United Nations lead agency on social protection in Gabon. In this role, it will promote greater consistency in sector-specific policymaking and ensure that budget processes, including budget formulation, allocation and spending, are more effective at reducing inequalities and exclusion. Through this support, the component will ensure that addressing child poverty remains high on the development agenda in Gabon.

34. In light of the Government's priorities and the lessons learned from the previous cycle, UNICEF will focus its support at the following areas: (a) helping to generate data and evidence to improve the selection of beneficiaries of social protection services, to gain insight into the profile of child poverty and social exclusion and to reflect child-related priorities in budget laws and other expenditure frameworks; (b) strengthening national systems and capacities for the design and implementation of equitable and inclusive education, health and protection policies and services; (c) supporting the creation of a social protection regulatory body; and (d) assisting in the design and implementation of social safety nets for the most vulnerable people. The programme's success will depend on: (a) increased public investment in social sectors; (b) better income distribution for the most vulnerable people; and (c) improved access to decent work for households.

35. UNICEF will build close ties with key partners such as the World Bank, FAO, the European Union, the African Development Bank, the French Development Agency and the United Nations system.

Programme effectiveness

36. The programme effectiveness component will cover: (a) programme coordination; (b) strategic communication and advocacy; and (c) monitoring and evaluation (M&E). It aims to ensure that programme interventions are designed, coordinated, managed and supported effectively, in line with programme quality standards, and that the expected results are attained. The component will include a specific M&E output to address the need to build national evaluation capacities and strengthen sector-specific statistical systems, and the capacity of the national institute of statistics. Communication for development (C4D) interventions will be mainstreamed through the child survival, protection and adolescent programmes, either through the promotion of essential family practices or through social change and the promotion of child-friendly social norms. These specific interventions will be used to support the development of a national C4D strategy.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Child survival and development	1 068	1 810	2 878
Child protection	854	1 508	2 362
Adolescents	640	1 207	1 847
Social inclusion	854	905	1 759
Programme effectiveness	854	670	1 524
Total	**4 270**	**6 100**	**10 370**

Programme and risk management

37. This country programme document outlines the UNICEF contribution to achieving national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. The content of this document is inspired primarily by the UNDAF 2018-2022. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

38. The coordination unit overseeing implementation of the programme is the General Directorate of Forecasting of the Ministry of the Economy, Programming and Sustainable Development.

39. The main risks identified during the preparation of this programme are: (a) decreasing public resources allocated to children; (b) a failure to mobilize sufficient additional external resources; and (c) humanitarian crises caused by political instability or epidemics. The country programme will mitigate these risks by: (a) strengthening social accountability of key right holders at community and service provision levels, in order to leverage and influence the setting of priorities and the utilization of domestic resources ; (b) forging a closer partnership with the private sector by putting increased focus on leveraging corporate social responsibility; (c) mainstreaming resilience, preparedness and response to humanitarian crisis in annual workplans; (d) doing more to harness national opportunities such as the Government's Programme for Fair Chances.

Monitoring and evaluation

40. The integrated monitoring, evaluation and research plan and the costed evaluation plan will serve as basis for: (a) generating data and evidence to measure progress against planned outputs and the contribution of UNICEF to outcomes; and (b) gaining prospective and actionable learning on what works, for whom, why and at what cost. In order to foster the evaluation culture and to improve the programme's focus and effectiveness, four major evaluations will be conducted in tandem with relevant partners: (a) formative evaluation of child protection system (2018); (b) joint evaluation of the national HIV/AIDS prevention

and response strategy for adolescents (2019); (c) evaluation of social protection system performance in Gabon (2020); and (d) evaluation of the health sector capacity-building strategy (2021). UNICEF-supported initiatives align with the UNDAF monitoring and evaluation framework.

41. In response to persistent knowledge gaps in some critical areas, and to support efficient policies and programmes, UNICEF will forge partnerships to engage in selected studies and to generate more robust evidence on intra-urban inequalities, child poverty in urban settings, vulnerabilities affecting indigenous peoples and children with disability. In addition, UNICEF will continue to support evidence-based advocacy and programming through investing on secondary data analysis from existing surveys and census databases (2013 National Housing and Population Census, Gabon Poverty Survey (*Enquête Gabonaise sur la Pauvreté* (EGEP) 2017 and DHS 2018-2019.

42. The programme will also continue to support administrative data production efforts, including ongoing assistance to update child protection indicators and to produce education statistical yearbooks and national health accounts. Together, these efforts will help to strengthen national statistical capacities.

43. Through its internal monitoring mechanisms including programme mid-year and annual reviews, the UNICEF performance management system (inSight) and the decentralized monitoring system in the selected health districts, the programme will report regularly on programme performance (inputs and outputs) and reduction of bottlenecks.

Annex

Results and resources framework

Gabon – UNICEF country programme of cooperation, 2018-2022

Relevant articles of the Convention on the Rights of the Child: 2,4, 6, 7-8, 9-11, 12-13, 15-17, 19, 23-24, 25, 26-30, 32-36, 37, 39-40, 42, 44-45.

National priorities:

- PSGE 2016-2021 objectives on equal opportunities and the National Human Development Strategy
- National Health Development Plan 2017-2021 on improving public health and well-being, especially for the most disadvantaged groups

Sustainable Development Goals: 1, 2, 3, 4, 5, 6, 10, 16.

UNDAF outcomes involving UNICEF:

Outcome 1: National and local institutions are more democratic and respect human rights, the economy is governed transparently, effectively and accountably, and public policy is guided by a robust statistical system.
Outcome 2: All people, including the most vulnerable groups, use basic social services to improve their living conditions.

UNDAF outcome indicators measuring change that includes UNICEF contribution

- Number of universal periodic review recommendations implemented (Baseline: N/A; Target: N/A)
- Statistical system robustness index (Baseline: 0.4; Target: 0.6)
- Full immunization coverage rate (Baseline: 32 per cent; Target: 60 per cent)
- Exclusive breastfeeding rate (Baseline: 6 per cent; Target: 10 per cent)
- Percentage of people living with HIV (PLHIV) (children and adults) with access to effective ART in line with attainment of the 90-90-90 targets (Baseline: 60 per cent; Target: 90 per cent)
- Percentage of people benefiting from a social protection system (Baseline: 62 per cent; Target: 75 per cent)
- Percentage of people using improved basic sanitation facilities (Baseline: 41 per cent; Target: 50 per cent)
- Gross secondary enrolment ratio (Baseline: 57 per cent (girls), 48 per cent (boys); Target: 62 per cent (girls), 55 per cent (boys))

Related draft UNICEF Strategic Plan, 2018-2021 Goal Areas:[1] 1-5

[1] The final version of UNICEF Strategic Plan 2018-2021 will be presented to the Executive Board for approval at its second regular session of 2017

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)*[2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Programme component: Child survival and development							
1. By 2022, children and their mothers, including the most disadvantaged, access and use a minimum package of appropriate promotional, preventive and curative services to improve their survival and development, including in emergency situations.	1. Full immunization coverage rate B: 32% T: 60%	DHS III Enhanced Programme for Immunization report	1.1. Stakeholders are equipped with updated child survival-related policies and strategies, normative standards guiding health interventions. 1.2. Health-care facilities at the intermediate and peripheral levels have increased capacities to promote and provide integrated package of services in maternal and child Health, nutrition, HIV/AIDS and WASH, including in emergency situations. 1.3. People living in the target areas, especially the most disadvantaged communities, women and children have increased information, knowledge and motivations to adopt good practices in health, nutrition and WASH. 1.4. Communities, schools and health-care facilities have increased coverage in WASH infrastructures.	Ministry of Health, Ministry of Social Development, Planning and National Solidarity, Ministry of Energy and Environment WHO UNFPA UNAIDS FAO ECCAS Civil society	1 068	1 810	2 878
	2. Existence of policies, technical guides and a funding framework for nutrition and for the water and sanitation sector B: No T: Yes	Ministry of Health administrative reports					
	3. Percentage of PLHIV (children, adolescents and adults) with access to effective ART in line with attainment of the 90-90-90 targets B: N/A T: 90%	UNAIDS report					
	4. Exclusive breastfeeding rate, 0-5 months B: 6% (DHS 2012) T: 15% (DHS)	DHS					
Programme component: Child protection							
2. By 2022, the child protection system is better able to prevent and address violence, exploitation and discrimination through a normative framework,	1. The country has a national implementation plan for its national inclusive child protection policy B: 0 T: 1	Human Rights Council five-year report Council of Ministers final report	2.1. Children, including migrants and indigenous peoples, enjoy better services from an improved and a more functional child protection system. 2.2. Families, communities and	Ministry of Social Development, Planning and National Solidarity Ministry of Justice Ministry of Education	854	1 508	2 362

[2] If not otherwise stated, the reference year is 2016 for baselines and 2022 for targets

UNICEF outcomes	Key progress indicators, baselines (B) and targets (T)[2]	Means of verification	Indicative country programme outputs	Major partners, partnership frameworks	Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)		
					RR	OR	Total
protection services, and operational outreach workers at the institutional, community and family levels.	2. Percentage of indigenous children with a civil registration record B: N/A; T: To be determined	Study report	children are better informed about child protection mechanisms and standards, and adolescents in particular refer to them and are involved in strengthening the protection system. 2.3. Departmental, communal and provincial protection systems are better able to prevent abuse, exploitation and violence and offer psychosocial support services.	Civil society UNESCO			
	3. Number of annual reports based on government-produced violence, abuse and exploitation figures B: 1 T: 4	Publication of the National Protection Indicator Matrix					
Programme component: Adolescents							
3. Adolescents, especially the most vulnerable, access and use appropriate social services that contribute to their development, their rights and their participation.	1. Percentage of adolescents aged 15-24 years with comprehensive knowledge of HIV/AIDS (gender-disaggregated data) B: 36% of boys and 30% of girls (2016) T: 50% (boys and girls)	DHS III	3.1. Policies and mechanisms are in place to keep adolescents, especially the most vulnerable, in the education system 3.2. Adolescents have better access to appropriate promotional, preventive and curative services. 3.3. Adolescents, especially the most vulnerable, are better informed and have improved life skills and are involved in promoting their development and their rights.	Ministry of Education Ministry of Health Ministry of Youth WHO UNAIDS UNFPA Civil society ECCAS			
	2. Percentage of schools operating SRH and teenage pregnancy prevention programmes B: 0% (2017); T: 25% (2022)	Ministry of Education activity report					
	3. Teenage pregnancy rate B: 28% (2012); T: 20% (2022)	DHS III					
	4. Secondary completion rate (gender-disaggregated) B: 41% (girls), 51 % (boys) T: 60% (girls and boys)	Education for All Report (Ministry of Education)					
Programme component: Social inclusion							

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
4. By 2022, socially excluded children have better access to and use of basic social protection services and their rights and needs are included in sector specific policies, strategies, the State budget, and social protection programmes.	1. Number of children covered by social protection programmes B: 442,000 (2016) T: 600,000 (2022)	National Health Insurance and Social Security Fund (*Caisse Nationale d'Assurance Maladie et de Garantie Sociale* CNAMGS)) report DHS III EGEP	4.1. National stakeholders are better able to implement integrated social protection programmes for the most vulnerable groups. 4.2. National and local public institutions are better able to develop and implement child-sensitive budgets. 4.3. National stakeholders are better able to analyse and use evidence to influence national and sector-specific policies in favour of children.	Ministry of Social Development, Planning and National Solidarity Ministry of Health Ministry of the Economy CNAMGS World Bank United Nations system	854	905	1 759
	2. Percentage of total State budget allocated to social sectors (education, health and social protection) B: N/A (2016) T: 20%	National education and health statistics					
	3. Percentage of people with health insurance: B: 62% (2016); T: 75% (2022)	CNAMGS report DHS III EGEP					
Programme component: Programme effectiveness							
5. Country programmes are designed, coordinated, managed and supported effectively, in line with programme quality standards, and the expected outcomes are attained.	1. Percentage of evaluation recommendations implemented within one year B: 0% T: 50%	Global Evaluation and Research Oversight System	5.1. UNICEF staff and partners have the tools, guidance and resources they need to design, plan and implement programmes and monitor them effectively. 5.2. UNICEF staff and partners have the tools, guidance and resources they need to communicate effectively and influence social norms around children's rights among stakeholders.	Ministry of the Economy Ministry of Health Media outlets CSOs	854	670	1 524
	2. Office year-end performance index B: 0.8 T: 0.9	Scorecard					

UNICEF outcomes	*Key progress indicators, baselines (B) and targets (T)* [2]	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Total resources					**4 270**	**6 100**	**10 370**